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or clothing is soiled. Pads or diapers shall be used to keep the bed dry and for the patient's comfort. Special attention shall be given to the skin to prevent irritation. Rubber, plastic, or other types of protectors shall be kept clean, be completely covered, and not come in direct contact with the patient. Soiled linen and clothing shall be removed immediately from the patient areas to prevent odors.

B. An on-going program for care of the skin. Bony prominences and weight-bearing parts, such as heels, elbows, and back, shall be bathed and given care frequently to prevent discomfort and the development of pressure sores. If pressure sores exist, treatment shall be given on a written medical order. The position of bed patients shall be changed at least every two hours during the day and night. Patients shall be positioned in good body alignment. Precautions shall be taken to prevent foot drop in bed patients.

C. Availability of fresh, cold water and other fluids at the bedside for all patients unless fluids are restricted.

D. Evidence of a continuous in-service training program in rehabilitation for all nursing personnel to promote ambulation, aid in activities of daily living, assist in activities, self-help, maintenance of range of motion, proper chair and bed positioning, and in the prevention or reduction of incontinence.

MS s 144.56; 144A.02 to 144A.08

FURNISHINGS AND EQUIPMENT FOR CARE

4655.7000 PATIENT OR RESIDENT UNITS.

Subpart 1. Requirements. The following items shall be provided for each patient or resident:

A. A comfortable bed at least 36 inches wide, good springs, and a clean, firm, comfortable mattress and mattress pad. At least one clean, comfortable pillow with extra pillows available to meet the patient's needs. Clean, lightweight blankets and bed linen in good condition and of the proper size shall be kept on hand for use at all times. Clean sheets and pillow cases shall be furnished at least once a week. Each bed shall have a washable bedspread. A moisture-proof mattress cover or rubber or plastic sheeting shall be provided for mattresses of all bed patients and for other beds as necessary. Rollaway type beds, cots, or folding beds shall not be used.

B. At least one comfortable chair.

C. A locker or closet within the room to allow clothes to be hung. In existing facilities, if a closet is used for two or more persons, there shall be a fixed partition for complete separation of clothing for each person. There shall be dresser drawer space provided for each patient or resident. Closets, lockers, or drawers which are provided with locks shall have a master key available in the administrator's office. See parts 4660.1470 and 4660.3460.

D. A bedside table with a towel bar, a drawer to accommodate personal possessions, and a separate compartment for the storage of bedpans and urinals. (Not required in a boarding care home.)

E. Individual drinking glass, bath towel, hand towel, washcloth, and soap dish. Clean towels shall be provided as needed.

F. Cubicle curtains to afford privacy in all multi-bed rooms. Existing boarding care homes in converted

dwellings may continue to use bed screens. Each window shall have shades or equivalent in good repair.

G. A device for signaling nurses and attendants which shall be kept in working order at all times.

H. A hand-washing facility with a mirror located in the room or convenient to the room for the use of patients, residents, and personnel. It is recommended that these be equipped with gooseneck spouts and wrist-action controls.

I. A bed light providing a minimum of 30 footcandle intensity conveniently located for reading or for doing handiwork in bed or in an adjacent chair.

J. All furnishings and equipment shall be maintained in a usable, safe, and sanitary condition. All rooms and beds shall be numbered. All beds shall be identified with the name of the patient or resident.

Subp. 2. Written policy for double beds. The nursing home and boarding care home shall develop a written policy regarding the use of double beds.

MS s 144.56; 144A.02 to 144A.08

4655.7100 FACILITIES FOR EMERGENCY CARE.

First-aid supplies shall be maintained in a place known to and readily available to all personnel responsible for the health or well-being of patients or residents.

MS s 144.56; 144A.02 to 144A.08

4655.7200 HAND-WASHING FACILITIES.

Hand-washing facilities shall be readily available for physicians, nurses, and other personnel attending patients or residents. Single service towels shall be available at all times. Use of a common towel is prohibited.

MS s 144.56; 144A.02 to 144A.08

4655.7300 ROOMS.

Subpart 1. Dayrooms. Each dayroom shall be provided with reading lamps, tables, and chairs of satisfactory design for patients and residents.

Subp. 2. Dining rooms. Furnishings shall be well-constructed and designed for patients and residents. Tables shall be of a type that can be used by wheelchair patients.

Subp. 3. Other areas. All office spaces, nurses' and attendants' stations, treatment rooms, utility rooms, maintenance rooms, and other spaces or rooms not specifically mentioned elsewhere shall be appropriately furnished and equipped.

Subp. 4. Nurses' or attendants' station. There shall be a well-lighted nurses' or attendants' station centrally located in the patient or resident area which shall contain sufficient space for recording and for the storage of charts and the equipment necessary for keeping records and orders current.

MS s 144.56; 144A.02 to 144A.08

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4655.7400 STORAGE.

Subpart 1. Equipment and supplies in general. Cabinets and other suitable space shall be provided and identified for the safe storage of equipment and supplies in a sanitary, convenient, and orderly manner. Supplies shall be identified.

Subp. 2. Sterile supplies. Sterile supplies shall be marked with the latest date of sterilization and shall be stored apart from unsterile supplies.

MS s 144.56; 144A.02 to 144A.08

4655.7500 PATIENT UNITS.

This part applies to nursing homes only. The following items shall be provided for each patient:

A. Individual bedpans, urinals, wash basins, emesis basins, and mouth wash cups, free of chips and cracks, for each patient confined to bed and stored in the bedside table. Such equipment shall be thoroughly cleaned after each use and sanitized at least weekly and prior to use by a new patient. All bedside equipment such as utensils, bedpan covers, towels, washcloths, bath blankets, and other linens which come in direct contact with the body shall not be interchangeable from one person to another unless they are first thoroughly cleaned or laundered. Thermometers shall be washed with soap and water, rinsed well in clean water, then totally immersed in an effective disinfectant solution, removed, dried, and placed in a covered container until used again. Oral and rectal thermometers shall be kept on separate trays.

B. Side-rails for beds for the protection of patients when needed. Half-length side-rails are recommended.

C. Autoclave. There shall be a properly functioning autoclave or instrument sterilizer with a recording thermometer for the sterilization of nursing equipment and supplies unless an alternate, satisfactory method is approved by the department or sterilization services are provided by an outside agency.

D. Equipment. There shall be sufficient wheelchairs, walkers, canes, metal bedside rails, foot stools, commodes, foot cradles, footboards, under-the-mattress bed boards, trapeze frames, transfer boards, and similar equipment needed for the care of patients.

MS s 144.56; 144A.02 to 144A.08

MEDICATIONS

4655.7600 APPLICABILITY.

Subpart 1. Nursing homes. Parts 4655.7700 to 4655.7790 apply to nursing homes only.

Subp. 2. Boarding homes. Parts 4655.7810 to 4655.7850 apply to boarding homes only.

Subp. 3. Nursing homes and boarding homes. Part 4655.7860 applies to both nursing homes and boarding care homes.

MS s 144.56; 144A.02 to 144A.08

4655.7700 ADMINISTRATION OF MEDICATIONS.

Subpart 1. System of administration. A system shall be developed in each nursing home to assure that all medications

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are administered safely and properly.

Subp. 2. Staff allowed to administer medications. The supervising nurse or other nursing staff trained specifically by the supervising nurse or a physician in the administration of medications and familiar with the expected action of drugs, shall be designated and held responsible for the administration of medications during each eight-hour period.

Subp. 3. Posting of staff allowed to administer medications. A list of carefully selected personnel, currently employed, who have been so trained, none under 18 years of age, shall be maintained. The written training program shall be available at each nursing station.

Subp. 4. Medications administered by hypodermic. Medications administered by hypodermic may be given only by a physician, registered nurse, or licensed practical nurse.

Subp. 5. Medications added to food. Administration shall include the addition of medications to food when patients require assistance with eating.

Subp. 6. Observation of swallowing medications. The actual act of swallowing oral medications shall be observed personally by the individual responsible for administering medications.

Subp. 7. Recording of medications added to food. When medications have been added to food, the amount of food consumed shall be recorded by the person designated to administer medications.

Subp. 8. Reporting of medication errors and patient reactions. All medications shall be administered exactly as ordered by the physician. Any medication errors or patient reactions shall be reported to the physician at once and an explanation made in the patient's care record.

Subp. 9. Administration requirements. Administration of medications includes the complete procedure of checking the patient's record, transferring individual doses of the medication from the patient's prescription container, distribution to the patient, and the recording of all medications given on the patient's chart.

Subp. 10. Reporting of adverse drug reactions. It is recommended that all adverse drug reactions be reported to the Adverse Drug Reaction Registry of the American Medical Association, 535 North Dearborn Street, Chicago, Ill., 60610 or to the Food and Drug Administration, 240 Hennepin Avenue, Minneapolis, Minnesota, 55414.

MS s 144.56; 144A.02 to 144A.08

4655.7710 WRITTEN AUTHORIZATION FOR ADMINISTERING DRUGS.

Subpart 1. Requirement for written orders. All medications, including those brought into the nursing home by the patient, shall be administered only on a written order signed by a licensed physician or dentist except that orders may be given by telephone provided that such orders are authorized by the physician or dentist, recorded by the person so authorized and signed by the physician or dentist within seven days.

Subp. 2. Review of patient medications and treatment. The charge nurse and the attending physician together shall review each patient's medications and treatments at least every three months.

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MS s 144.56; 144A.02 to 144A.08

4655.7720 DRUGS IN STOCK.

Subpart 1. Controlled substances. "Controlled substances" include all narcotics, stimulants, depressants, and other drugs of abuse contained in the federal Controlled Substances Act of 1970, Public Law Number 91-513, or Laws of Minnesota 1971, chapter 937.

Subp. 2. Legend drugs. Legend drugs include those obtainable only on prescription.

Subp. 3. Proof-of-use system. A "proof-of-use" system is a pharmacy-based drug control system which allows multiple dose distribution for selected controlled drugs which are accounted for by a certified disposition record completed by the nurse and filed in the pharmacy to account for drugs administered.

Subp. 4. Unit dose dispensing system. A "unit dose dispensing system" utilizes unit dose packaging in a pharmacy-based distribution system which insures the identity and integrity of the drug dosage form up to the point of patient consumption. The traditional nursing act of "setting up" medications is accomplished in the pharmacy from which doses are distributed according to predetermined schedules.

Subp. 5. Legend drug storage and dispensing. Stock supplies of legend drugs may be kept on the premises only within a licensed pharmacy. Legend drugs are dispensed from a pharmacy only: on an individual prescription basis, through a unit dose dispensing system approved by the Minnesota State Board of Pharmacy, or on a proof-of-use system in a convalescent and nursing care unit of a hospital when the hospital has a licensed pharmacy dispensing controlled substances.

Subp. 6. Stock supply drugs. Medications procurable without prescription may be retained in stock supply. These shall be dated on receipt to prevent the accumulation of outdated or deteriorated items.

Subp. 7. Physicians emergency supply of drugs. For use in emergencies only, a licensed physician may maintain a minimum supply of medications in the nursing home providing the responsibility for the contents, maintenance, safeguarding, and usage of this emergency supply is fully assumed in writing by the physician. This emergency supply shall be kept in a separate, labeled container in the locked medicine cabinet or locked medicine room.

Subp. 8. Prohibitions. In no case shall a prescription drug supply for one patient be used or saved for the use of other patients in the nursing home.

MS s 144.56; 144A.02 to 144A.08

4655.7730 MEDICINE CABINET AND PREPARATION AREA.

Subpart 1. Medicine cabinet location and requirements. A well-illuminated medicine cabinet shall be provided on each nursing station. The medicine cabinet shall be equipped with separate cubicles which are plainly labeled, or provided with other physical separation for the storage of each patient's prescriptions.

Subp. 2. Preparation area requirements. A medicine preparation area shall be provided in a location that is quiet, convenient for the nursing staff, and separate from all soiled activities. All medications shall be prepared in such preparation area.

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Subp. 3. Measuring equipment requirements. Graduated medicine containers for the accurate measurement of liquid medications shall be provided. If not disposable, these medicine containers shall be returned to the institution dishwashing unit for processing after each use.

Subp. 4. Narcotics storage requirements. All narcotics shall be placed under double lock. This shall be accomplished by maintaining a separate, permanently attached compartment with a tumblers key lock within the locked medicine cabinet or locked medicine room.

Subp. 5. Locking of medicine cabinet and preparation areas. The medicine cabinet, medicine refrigerator, or medicine room shall be kept locked when not in use. The keys shall be carried on the person designated to administer drugs and be available only to those persons who are authorized to administer drugs.

Subp. 6. Storage of drugs. All drugs shall be stored in medicine cabinets. The cabinet shall be kept clean and orderly at all times and shall be used only for the storage of drugs.

Subp. 7. Poisons and medications for external use labeling and storage. Poisons and medications intended for external use only shall be clearly so marked and shall be kept in a separate locked compartment.

Subp. 8. Refrigerated drugs. Biologicals and other medications requiring refrigeration shall be kept in a refrigerator within the medication room or in a specially locked, securely attached, and labeled, impervious container in a general use refrigerator.

Subp. 9. Storage with nondrug substances. All substances, such as cleaning agents, bleaches, detergents, disinfectants, pesticides, paints, and flammable liquids shall be clearly labeled and stored separately from all drugs and foods.

MS s 144.56; 144A.02 to 144A.08

4655.7740 DISPOSABLE EQUIPMENT.

All disposable equipment shall be rendered inoperable prior to disposal, unless incinerated. Other than disposable syringes, needles, medicine droppers, and similar equipment shall be thoroughly cleaned and then sterilized before each use by one of the following methods:

A. dry heat at 170 degrees Celsius (338 degrees Fahrenheit) for not less than one hour;

B. autoclaving at 15 pounds pressure and 120 degrees Celsius (248 degrees Fahrenheit) for 20 minutes;

C. boiling for not less than 30 minutes after the boiling temperature has been reached; or

D. other method of sterilization acceptable to the department.

MS s 144.56; 144A.02 to 144A.08

4655.7750 MEDICATION CONTAINERS.

Subpart 1. Storage in labeled containers. All medications shall be kept in their original container bearing the original label with legible information stating the prescription number, name of drug, strength and quantity of drug, expiration dates of all time-dated drugs, directions for use, patient's name,

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physician's name, date of original issue or in the case of a refill, the most recent date thereof, and name and address of the licensed pharmacy which issued the medications. It shall be the responsibility of the nursing home to secure the prescription number and name of the medication if these are not on the label.

Subp. 2. Relabeling containers. Any drug container having detached, excessively soiled, or damaged labels shall be returned to the issuing pharmacy for relabeling.

Subp. 3. Disposition of nonlabeled or improperly labeled drugs. The contents of any drug container having no label or with an illegible label shall be destroyed immediately.

Subp. 4. Out of date medications. Medications having a specific expiration date shall not be used after the date of expiration.

MS s 144.56; 144A.02 to 144A.08

4655.7760 RECORD OF MEDICATIONS AND NARCOTICS.

Subpart 1. Recording requirements. All medications administered to each patient shall be recorded on the medication and treatment record or in the nurses' notes on the patient's chart. This information shall include the name and quantity of the drug given and the time administered and shall be initialed by the person giving the drug. Special notations shall be made whenever medications are started or discontinued. Medicine cards or a medicine list shall be maintained to show each medication which is currently being given.

Subp. 2. Narcotics and controlled substances; new prescriptions. All narcotics and other controlled substances and antihistamines shall have their prescription number entered on the nursing record each time a new prescription is received. Records of receipt and distribution of controlled substances shall be maintained by either of the following methods:

A. A narcotic record book consisting of a bound notebook with numbered pages and containing a record of the name and the quantity of all narcotics received, dates received as well as a record of the patient to whom the narcotics are given. It shall also include the prescription number, date and time administered, name of patient, kind of drug, dosage, method of administration, name of prescribing physician, and signature of person who administered the drug.

B. A proof-of-use system in a convalescent and nursing care unit of a hospital when the hospital has a licensed pharmacy.

Subp. 3. Narcotics recording. Each time a controlled substance is given it shall be recorded on the patient's chart. In addition, the supervising nurse shall record and sign the narcotic count at least once every day. When a loss or spillage of a prescribed narcotic occurs, an explanatory notation shall be made on the patient's chart and in the narcotic record book. This notation shall be signed by the person responsible for the accident and by one witness who shall also observe the destruction of any remaining contaminated drug by flushing into the sewer system.

MS s 144.56; 144A.02 to 144A.08

4655.7770 AUTOMATIC "STOP ORDERS."

Medications not specifically limited as to time or number of doses when ordered, shall be automatically stopped in

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accordance with a written policy approved by the physician(s) responsible for advising the nursing home on its patient care policies. The patient's attending physician shall be notified of stop order policies a short time before a medication order expires so that the medications are renewed when necessary and the continuity of the patient's therapeutic regimen is not interrupted. See part 4655.1400, item G.

MS s 144.56; 144A.02 to 144A.08

4655.7780 DISPOSITION OF MEDICATIONS.

Subpart 1. Drugs given to discharged patient. Disposition of medications:

A. If authorized by the attending physician or the physician in charge, medications belonging to patients shall be given to them when discharged or transferred. This shall be recorded on the patient's chart.

B. Unused portions of controlled substances shall be handled by contacting the Minnesota Board of Pharmacy who shall furnish the necessary instructions and forms, a copy of which shall be kept on file in the home for two years.

C. Any other unused portions of prescription drugs remaining in the nursing home after the death or discharge of the patient for whom they were prescribed or any prescriptions discontinued permanently, shall be destroyed by the supervising nurse in the nursing home, by flushing them into the sewer system and removing and destroying the labels from the containers or handled in accordance with subpart 2.

D. A notation of any such destruction giving date, quantity, name of medication, and prescription number shall be recorded on the patient's chart. Such destruction shall be witnessed and the notation signed by both persons.

Subp. 2. Returned to pharmacy. Drugs and prescribed medications, other than controlled substances, used in nursing homes may be returned to the dispensing pharmacy in accordance with the provisions of the Minnesota Board of Pharmacy part 6800.2700, subpart 2.

MS s 144.56; 144A.02 to 144A.08

4655.7790 PHARMACIES IN NURSING HOMES AND MEDICATION REFERENCES.

Subpart 1. Licensing of pharmacies. No pharmacy shall be maintained as a part of any nursing home unless it is licensed by the Minnesota Board of Pharmacy and complies with all its statutes and rules governing such licensures and operation.

Subp. 2. Reference materials requirements. The nursing home shall maintain current medication references and other printed sources of information, such as the ASHP Hospital Formulary Service; a current standard textbook on pharmacology and similar references.

MS s 144.56; 144A.02 to 144A.08

4655.7810 DISTRIBUTION OF MEDICATIONS.

A system shall be developed in each boarding care home to assure that all medications are distributed safely and properly. All medications shall be distributed and taken exactly as ordered by the physician. Any medication errors or resident reactions shall be reported to the physician at once and an explanation made in the resident's personal care record.

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MS s 144.56; 144A.02 to 144A.08

4655.7820 MEDICINE CABINET.

Subpart 1. Medicine cabinet location and requirements. A well-illuminated medicine cabinet shall be provided at each attendants' station, a central control point for the storage of records and medications. The medicine cabinet shall be equipped with separate cubicles which are plainly labeled, or provided with other physical separation for the storage of each resident's prescriptions.

Subp. 2. Poisons and medications for external use labeling and storage. Poisons and medications intended for external use only shall be clearly so marked and shall be kept in a separate locked compartment.

Subp. 3. Refrigerated drugs. Biologicals and other medications requiring refrigeration shall be kept in a specially locked, securely attached, and labeled, impervious container in a general use refrigerator.

Subp. 4. Storage with nondrug substances. All substances, such as cleaning agents, bleaches, detergents, disinfectants, pesticides, paints, and flammable liquids shall be clearly labeled and stored separately from all drugs and foods.

MS s 144.56; 144A.02 to 144A.08

4655.7830 MEDICATION CONTAINERS.

Subpart 1. Storage in labeled containers. All medications shall be kept in their original container bearing the original label with legible information stating the prescription number, name of drug, strength and quantity of drug, expiration dates of all time-dated drugs, directions for use, resident's name, physician's name, date of original issue or in the case of a refill, the most recent date thereof, and name and address of the licensed pharmacy which issued the medications. It shall be the responsibility of the boarding care home to secure the prescription number and name of the medication if these are not on the label.

Subp. 2. Relabeling containers. Any drug container having detached, excessively soiled, or damaged labels shall be returned to the issuing pharmacy for relabeling.

Subp. 3. Disposition of nonlabeled or improperly labeled drugs. The contents of any drug container having no label or with an illegible label shall be destroyed immediately.

Subp. 4. Out of date medications. Medications having a specific expiration date shall not be used after the date of expiration.

MS s 144.56; 144A.02 to 144A.08

4655.7840 RECORD OF MEDICATIONS.

All medications distributed to each resident shall be recorded on the resident's personal care record. This information shall include the name and quantity of the drug given and the time distributed and shall be initialed by the person distributing the drug. Special notations shall be made whenever medications are started or discontinued.

MS s 144.56; 144A.02 to 144A.08

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4655.7850 DISPOSITION OF MEDICATIONS.

Subpart 1. Discharged or transferred residents. If authorized by the attending physician or the physician in charge, medications belonging to residents shall be given to them when discharged or transferred. This shall be recorded on the resident's personal care record.

Subp. 2. Destroying unused prescription drugs. Unused portions of prescription drugs remaining in the boarding care home after the death or discharge of the resident for whom they were prescribed or any prescriptions discontinued permanently, shall be destroyed by the person in charge in the boarding care home by flushing them into the sewer system and removing and destroying the labels from the containers.

Subp. 3. Recording of disposition. A notation of such destruction giving date, quantity, name of medication, and prescription number shall be recorded on the resident's personal care record. Such destruction shall be witnessed and the notation signed by both persons.

MS s 144.56; 144A.02 to 144A.08

4655.7860 ADMINISTRATION OF MEDICATIONS BY UNLICENSED PERSONNEL.

Unlicensed nursing personnel who administer medications in a nursing home or a boarding care home certified as an intermediate care facility as defined in United States Code, title 42, section 1396d, must have completed a medication administration training program for unlicensed personnel in nursing homes which is offered through a Minnesota postsecondary educational institution. The nursing home or boarding care home shall keep written documentation verifying completion of the required course by all unlicensed nursing personnel administering medications.

MS s 144.56; 144.56; 144A.08

LINEN SERVICE AND LAUNDRY REQUIREMENTS

4655.8000 LINEN AND NURSING UTENSILS.

Subpart 1. Application. Subparts 2 to 8 apply to nursing homes only.

Subp. 2. Complete separation. There shall be a complete separation of handling, collection, storage, transport, and processing of soiled and clean linen to prevent cross-contamination. This includes the laundry operation. Easily cleanable laundry trucks or containers for off-the-floor storage and sorting of soiled linen shall be provided. Only clean trucks or containers shall be used for the storage and transport of clean linen.

Subp. 3. Clean linen. Clean linen shall be dried, ironed, except for noniron linen, and folded and shall be stored in enclosed, clean, designated locations at least eight inches above the floor. New linen shall be washed and ironed before use. During distribution for use, only the linen needed in an area or room shall be carried into that area or room. Enclosed linen carts are acceptable for linen storage on patient floors. Linen storage rooms or closets shall be kept clean and used only for the storage of clean linen and clean supply items. The supply of linen should provide for at least three times the bed capacity.

Subp. 4. Soiled linen. Soiled linen shall be removed from the patients and beds without undue agitation. Sheets shall be rolled from the corners containing other miscellaneous soiled